

# 2010 Connecticut CPA License Renewal Form

Complete the front and back of this form and return with a check for the license fee in the amount of **\$565.00** made payable to: **Treasurer, State of Connecticut** **no later than December 31, 2009** to renew your license for 2010 (*2009 License expires 12/31/2009*) **\*Important:** Please provide your name and address with any changes or corrections and your license number. **Do not submit a blank** document as this will delay the processing of your document.

\*Name and Address:

For Board use only!

Check No. \_\_\_\_\_

Transaction Date \_\_\_\_\_

Amount Received \_\_\_\_\_

ID No. \_\_\_\_\_

\*License Number: \_\_\_\_\_

(CHECK ONLY ONE)

☐ **Renew my CPA License for 2010.**

☐ I choose not to renew my CPA license and I am returning this form to update the Board's records.

☐ I choose not to renew my CPA license and would like to apply for Registration of my CPA Certificate for 2010, and have enclosed payment, by check only, to the Treasurer, State of Connecticut in the amount of **\$40.00**. (**Caution:** the Registration of a Certificate provides for **only** limited use of the title Certified Public Accountant and the initials CPA.)

**PROVIDE THE OTHER JURISDICTIONS IN WHICH YOU HAVE APPLIED FOR OR HOLD A CPA CERTIFICATE OR CPA LICENSE, CHECK ALL THAT APPLY.**

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida
<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky
<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri
<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina
<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Wyoming	<input type="checkbox"/> Guam	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> US Virgin Is.	<input type="checkbox"/> Washington DC			

Please provide your daytime phone number: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ E Mail Address: \_\_\_\_\_

*I hereby certify that the information on this form is correct and the statements made herein are true and complete and that since my last renewal I have not been convicted by any court of a crime. (Any exceptions to this statement must be described in an attached statement to the Board.)*

\_\_\_\_\_  
Renewal Applicant's Signature

\_\_\_\_\_  
Date

**Mail Completed Applications with payment (check only) to: Connecticut State Board of Accountancy**

Payment Center  
PO Box 150477  
Hartford CT 06115-0477

**Please do not FAX - Mail Only!**

**(Faxed documents will not be processed!)**

**Questions? Call (860) 509-6179 or [www.ct.gov/sboa](http://www.ct.gov/sboa)**

## CONTINUING PROFESSIONAL EDUCATION REPORTING

All holders of an individual Connecticut CPA or PA License, unless specifically exempted, are required to report to the Board by December 31, 2009 their compliance with the continuing education requirements of Connecticut for the previous continuing education year (7-1-2008 through 6-30-2009). A minimum of **40 hours** of continuing education is required each year. Please type or print all requested information, attach additional sheet(s) if necessary.

(Please complete this form in its entirety)

Connecticut Licensed CPA's and PA's must take and report 4 hours of Ethics CPE every three years.

**If you are specifically exempted from reporting CPE – check the appropriate block.**

- ☐ I am exempt from the 2010 CPE Requirement because my Connecticut CPA License was initially issued between 7-1-2008 through 12-31-2009.
- ☐ I am exempt from the 2010 CPE Requirement because my Connecticut CPA License was reinstated between 1-1-2009 through 12-31-2009.
- ☐ I am exempt from the 2010 CPE Requirement because I am not renewing my Connecticut CPA License for 2010.

Program Sponsor	Program Location	Program Title or Description	Date(s) attended**mm/dd/yy Full dates required- various is not a date	Program type	CPE Hours

**Please use the following codes to complete the Program Type Column**

- I** = Instructor at a CPE course or program (maximum of 20 CE hrs per year)  
**P** = Participant or attendee at a CPE course, seminar or program  
**S** = Self Study Course  
**A** = Author credit is being claimed (maximum of 10 self-declared CPE hrs per year)  
**E** = Ethics course credit is being claimed

**Subtotal**

Previous year carry-over  
(Maximum of 20 hours) +

**Total**
